TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15738

1.	PLACE OF DEAT	H			II 2. USU	AL RESIDENC	CE (Where deceased lived,	If Institution: Ro	esidence before admission)			
	a. COUNTY	ے			a. Si	TATE	b. (	COUNTY				
-	b. CITY OR TOW	Q /N (if outside corpora	te limits	MARYLA c. LENGTH OF STAY II		arylar		Howard				
	Write KURAL	, and give nearest tov	vn)	o. sendin or Sixi ii	0.0111							
_	Ellicott	City	On 125 - at 1- 6		- A OTOF	Ellicott City /3./						
			NA (II DOL ID DI	ospital, give street add					8. IS RESIDENCE ON A FARM?			
	14 Ridg	e Road				L4 Ride	ge Road		YES NO K			
3.	NAME OF DECEASED	F	Irst	Middle	La	st	OF	Month	Day Year			
	(Type or print)		REDERI	CK CAVEY	Sr		DEATH NOV. 2.		19			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE 0	F BIRTH	9. AGE (In ye		Days Hours Min.			
	Male	White	WIDOWED	DIVORCED	Aug.	5,1897	7 69 4		Days Hours With.			
10	a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIR	THPLACE (C	ounty & State, or foreign co	untry)   12. CI	TIZEN OF WHAT			
au	Retired	ling life, even if retire		NDUSTRY arber	Gran	ys,Md		CO	UNTRY?			
13	B. FATHER'S NAM		1 De	ai bgi		THER'S MAID	EN NAME					
	VII.	774am T Can					Carrie King					
1		Iliam J.Car		SOCIAL SECURITYNO. I	17. INFORMAN			ddress				
	'es, no, or unkown)	(If yes give war or dates		SOCIAL SECURITINO.					Augune 24 a			
	No				Mrs. Joi	nn w.wa	arfield, Box	SST Hr.	, Annapolis			
			/70	ine for (a), (b), and (c).	-		1 .		INTERVAL BETWEEN ONSET AND DEATH			
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(2) / 9	1 Mary 1	Ill ss.	mal	Lenia	172	5 min.			
	410	DUE		4	and and	000						
	Cenditions, If		(131	as in som	di C	· Den-	braceles de	11010	3 Was			
	gave rise to	Immediate (	(b) COU	y CANALOV		IRVU	o would be		1			
	cause (a), s											
Z	underlying caus		(C)	ITING TO DEATH BUT NO	DELATED TO THE	TEDMINALD	DISEASE CONDITION GIVE	NI IN DART 1/a	119. WAS AUTOPSY			
CERTIFICATION	D.	/ / CONDITION	C/ :/	TING TO DEATH BUT NO	KETALED TO THE	LIERWINALL	12EY2E COMPLITION GIAE	NINPARII(a)	PERFORMED?			
FIC	Ma	bets mel	(1hrs						YES NO			
F	OR CONTRIBUT	WAS UNDERLYING ING ING CAUSE OF OEA	TH 2Db. D	DESCRIBE HOW INJURY	OCCURRED. (Ent	ter nature of	injury in Part I or Part	II of Item 18.				
	(IF EITHER, NO	ING CAUSE OF OEA	NER)									
MEDICAL		INJURY Month, Day,	Year   2Dd. If	NJURY DCCURRED   2De	PLACE OF INJU			n) (Cour	nty) (State)			
	Hour a.i		While at work	Not While at work	factory, street, o	omice diag., e	tc.)					
Σ					2-2	70 11	1/2	1 10/-	a that (II) (was look			
			ortan attende	ed the deceased from	11		958, to 1/-2		e, that(I)(we) last			
	22a/ SISNATU	ceased alive on	(1-1)	19@, and	that death oc	curred ato	30A,M, from the cau		NE GATE STATEG ADOVE. ATE SIGNED			
	220 510114,0	KE	)1	1 4	ATTENI	DING	MED. STAFF	220.	1-22			
	SUL PHYSION	mas so	Yes	ver,	M.D. PHYS.		DIRECTOR PHYS.		11-10			
	22c. PHYSICIA NAME (T		1 / .	1110	1/1/	ADDRESS	101 Ellin	1401	111			
		mas [ , /7	erbei	N M./)	94	Cyuni	11Ke, -11/9	DY F C/73	, rold,			
23	a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEM		ATORY	23d. LOCATION (Cit		nty) (State)			
	Burial	11-23	-1966	Good She	pherd		Ellicott					
2	4. FUNERAL DIRE	CTOR AND	. /	ADDRESS		25a. REC	C'D BY REGISTRAR   25b	. REGISTRAR'S	SSIGNATURE			
	F C Hinto	bothom Ell	ruch	3410411		DATE 1	NOV 2 3 1956	mlin	May Judge			
	CONTRACTION OF THE	בים נווטוויטטי	LCOUL G	Leve West		, 51112	2 4 1000	1	The year			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1573	6			CERTIF	ICATE	OF DEATH			157	139	
1.	PLACE DF DEATH						2. USUAL RESIDENCE 8. STATE Marylan		eceased lived, If Ins b. COUN	titution: R	esidence b	efore admission)
	Howar	rd				LANO				HOW	ra	
	b. CITY OR TOW	N (if outsice	de corporate li learest town)	imits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If	outside co	rporate limits, wr	ite RURAL	and give	nearest town)
	Elkric	dge			4 years		Elkridg	e			13.1	
				if not in h	ospital, give street a	address)	d. STREET ADDRESS					ON A FARM?
	Meado	owridg	e Ave				Meadowr	idge .	Ave.		YES	hard 1-1
3.	NAME OF		First		Middle		Last	4. OATE	Month	1	Day	Year
	(Type or print)	Т	TLLTAN	ישמ	LLE DAT	VIS		OF	H Nov.2	7 706	6	19
5.	SEX		and realizes street related and option the day of	2000			. DATE OF BIRTH	19				
				MARKIED	NEVER MARRIE	.0     °	. DATE OF BIRTH	3	last birthday)	Months I		Hours   Min.
	Female	Whi	te	MIDOMEO	DIVORCE	DD	ec/ 16/ 188	5	80 yrs.		50,0	
10a dur	. USUAL OCCUPAT	ION (Give ki	nd of work don en If retired)	e 10b. K	INO OF BUSINESS OF	R	11. BIRTHPLACE (Co	unty & State	e, or foreign country	) 12. CI	TIZEN OF	TAHW
	Homemak	cer		OV	vn Home		Belair- O	hio			U	.S.A.
13.	FATHER'S NAM						14. MOTHER'S MAID	EN NAME				
1	Perry	E Io	ve iov									
1							Mary Eli	zabetl				
	. WAS OECEASEO				SOCIAL SECURITY NO	0. 17.	INFORMANT		Addres	is	146	d.
,.,	No				ONE	Jam	es L. Davis	- Mead	dowridge	Ave		
- 1	18. CAUSE OF	OEATH [En	ter only one ca	use per i	Ine for (a), (b), and (	c), ]	1				INTERV	AL BETWEEN
			CAUSEO BY:	10			11-1-	1	42	-	ONSET	AND DEATH
	. 1	IMMEDIA	TE CAUSE (a).		arai	10-	vager	1 Co	- DER	200	2	you.
	4221		DUE TO		1		-	157			1-	1181
Н	Conditions, If	any, which	(b)	01	when	2	ilias	af.	07.5	2	2	7/01
	gave rise to	immediate			1			1	1			
	cause (a), st		OUE TO	1	0		1	1-1			6	mo
-	underlying caus		(c)	7	ance	0/	U.SW		rei		-	
CERTIFICATION	PART II. OTHER S	IGNIFICAN	TCONOITIONS	CONTRIBL	JTING TO OEATH BUT	NOT RELAT	EO TO THE TERMINAL O	ISEASE CON	OITION CIVEN IN	PART 1(a)		AS AUTOPSY ERFORMEO?
CAI											YES	NO A
正	20a. ACCIDENT	WAS TINDE	DI VINC TI	1 20b. (	DESCRIBE HOW INTH	DV OCCUL	ODEO /Enter nature of	Industry In F	ort Los Dort II o	f Itom 10		110
ERT	OR CONTRIBUTI	NG CAU	SE OF DEATH	200.	DESCRIBE HOW INJU	KI OCCOI	RREO. (Enter nature of	mjury m r	alt i bi Pait ii b	i item 10.	,	
	(IF EITHER, NOT	TIFY MEDIC	AL EXAMINER	)								
MEDICAL	20c. TIME OF I	INJURY Mo	onth, Oay, Yea	r   20d. I	NJURY OCCURREO		E OF INJURY (Home, fa		(City or town)	(Cou	nty)	(State)
ĕ	Hour a.n	n.		While	Not While	factor	y, street, office bldg., et	(c.)				
Z	p.n	n.	19	at work	at work							
	21. I certif	y that (I)	(this hospita	l) attend	ed the deceased f	rom	an 19	64 to	anson	= 196	6. that	(I) (we) last
			ve on M			77	death occurred at	- / 2	om the causes			
	22a. SICNATUR		VC OIL			ana that	death occorred age	-111, 11	OIII the Gadaca		ATE SIGN	
	Who was	The	3		1		ATTENOING ATTENOING	AEO.	STAFF	220.	0	11/
	1011	412	brus	ne	augh	M.D.	PHYS.	DIRECTOR	PHYS.	11/	11	66
	22c. PHYSICIA	N'S	00	,			22d. ADORESS	one	· e-		0/-	0 0
3	NAME (Ty	pe) DA	Brum	40	09h		1609	THE	w 21	50	Mry	Les M
23a	. BURIAL, CREM REMOVAL (Spe				23c. NAME OF C	EMETERY	OR CREMATORY	23d. L	OCATION (City, to	wn or cou	inty)	(State)
	REMOVAL (Spe	ecify)	lov 23	1966	Mt. Oliv	a+ .Ca	meter-			Md. 2		
24	. FUNERAL OIRE	CTOR -	1111	700	ADDRESS 17	1Pin	25a. REC	O BY REC	STRAR   25b. RI			URE
			n & Son	1	Frederic	c. Md	more	W 2 2	- 1	Clear		udge.

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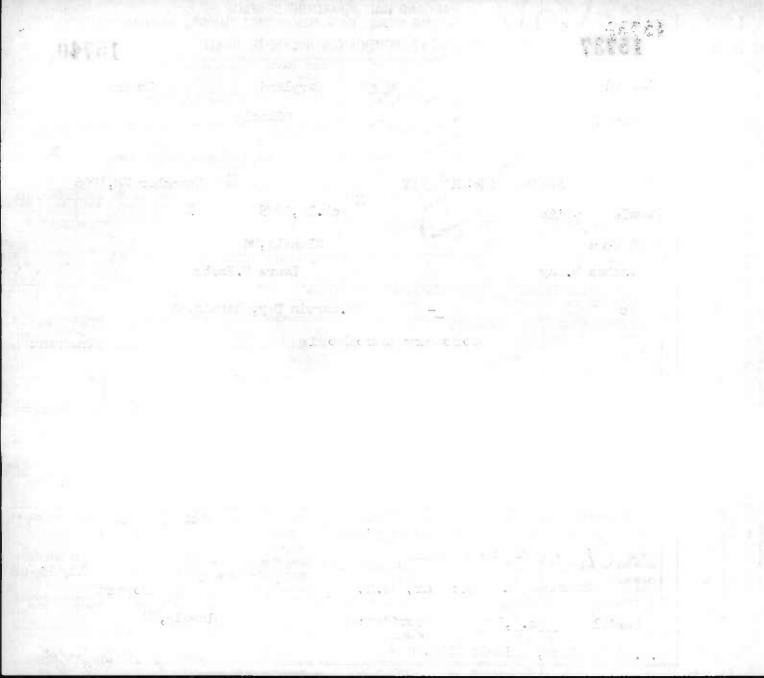
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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	S'S CERTIFICATE OF DEATH	15740							
PLACE OF DEATH     COUNTY     Howard	2. USUAL RESIDENCE (Where deceased lived, if institution: o. STATE b. COUNTY Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL	ard							
write RURAL and give nearest town) Glenelg	Glenelg	/3 - 1							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO							
3. NAME OF First Middle DECEASED	Last 4. DATE Manth OF	Day Year							
(Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED		28,1966 19 FUNDER 1 YEAR   IF UNDER 24 HR lanths   Days   Haurs   Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Glenelg, Md	12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME Joshua B.Day	14. MOTHER'S MAIDEN NAME  Laura V. Hobbs								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dotes of service)	17. INFORMANT Address Mr. Marvin Day, Glenelg, Md								
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.  Coronary thr  (b)  DUE TO  (c)	ombosis	INTERVAL BETWEEN ONSET AND DEATH Instant							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									
PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.	20a. EXTERNAL CAUSE WAS PRIMARY  are CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 20d. While at work at work 20d. INJURY OCCURRED 20d. INJURY OCCU	PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.)	(County) (State)							
21. I certify that I taak charge of the remains described abave death resulted fram: Natural causes , Accident , ACTUAL SIGNATURE Charles S. Whitaker, M.D.	Suicide, Hamicide, Undetermined mann CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county) HO	22. DATE SIGNEI 11/29/6 ward							
230. BURIAL, CREMATION, REMOVAL (Specify) Burial  23b. Date Thereof Providence Providence	Glenelg, Md								
F.C. Higinbothom, Ellicott City, Md		rar's signature							



Witzke F.D.-4101 Edmondson

19/30		CERTITIO	CALE OF DEATH		Reg. Dist. No.	101
1. PLACE OF DEATH o. COUNTY Howard		MARYLAN	2. USUAL RESIDENCE (Where do	eceased lived. If institution Howard	: Residence befor	re admission)
b. CITY OR TOWN (II RURAL and give ne	outside carporote limits	, write c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside	corporate limits, write RUI	RAL ond give nea	rest town)
Ellico			Ellicott Cit	у	,	13./
OR INSTITUTION	AL (If not in hospital, gi	Market Street,	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	ard-Ellicot		Pine Orchard-			YES NO
3. NAME OF DECEASED (Type or print)	Lillie Ma			ATE Month OF NOV.		Year 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS
F	Wh	WIDOWED DIVORCED	June 6, 1887	last birthday) 79 yrs.	Months Doys	Hours Min.
a. USUAL OCCUPATIO	N (Give kind of work d	one 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF	WHAT COUNTRY
Housewife	ing life, even if retired)		Baltimore	. Md.	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
Late-Sam	uel Hyde		Late-	Diehl	man	
S. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 1	INFORMANT. II D	Addres	55	
	If yes, give wor or dates of ser	vice)	Mr. Wilbur H. Dos! Pine Orchard - El.	1	, Md.	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Corelard was	cular occlus	con	3	SO MUN
Conditions, if or		Arteno sclenih	e Cardes-Vanc	elan discasa	4 /6	years.
gove rise to in cause (a), stoting t lying couse lost.						
PART II. OTH		ITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(o) 19	P. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA	S UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury in Port I	or Part II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year	20d. INJURY OCCURRED 20e. While Nat while of work of wark	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	(City or town)	(County)	(Stote
21. I certify the	at I attended the	1 ,	1959 10 11-1			the decease
alive an//_	-/-/	, 19.66_, and that dec	oth accurred a 6:30 A.M., f			
ACTUAL SIGNATURE	Momas C	Herbert	M.D. 44 Church Rd	ESS (Street, city or town, st Ellicate Chy	Md .	11-19-60
PHYSICIAN'S NAME (Type)	Thomas F.	Herbert	Church Rd	Ellicott Cit	y, Md.	
REMOVAL (Specify)	11-22-6	ZZC. TYAME OF CEMETER		Baltimore,		(State)
23. FUNERAL DIRECTOR'S		ADDRESS		REGISTRAR 24b, REGIST		RE .

Ave.

TO HOSPITAL OR TO FUNERAL DIS VS A15 (4) 15M 9/5B

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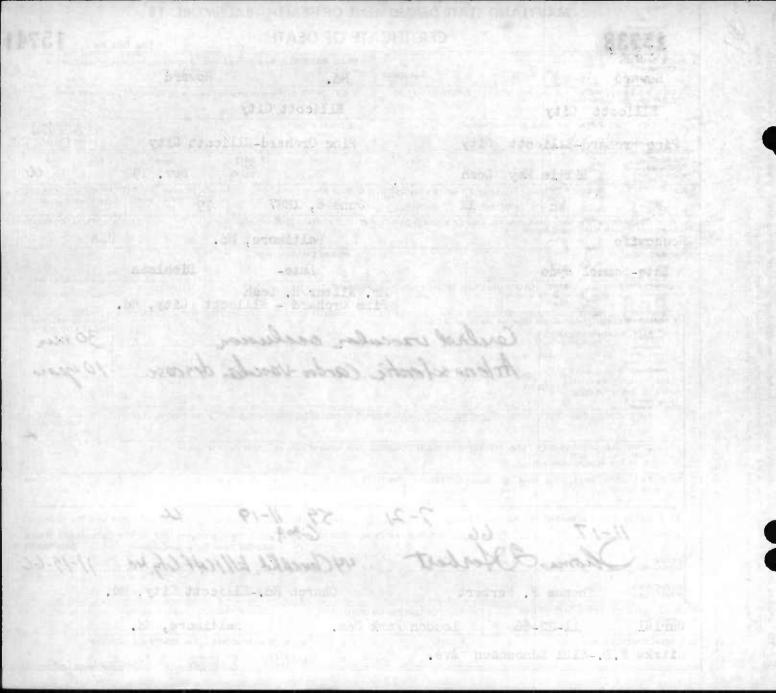
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has been signed

ENDING PHYSICIAN: The



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

HEALTH DEPT.

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EXAMINER:

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necessary, please execute the certificate,

Item 18

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the ward

10 Department after haurs e State [72 haur the within with event C gud and permit. removal D crematian, 0 SD burial, 0 pe prior 3 should

farwarded ta 4 should be Page the funeral directar.

agent, 1 DIRECTOR: Page designated FUNERAL 5 may be TO FUNERAL Health ar i

15739 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland Anne Arundel Howard MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Glen Burnie Lisbon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 328 King George Drive Route 40 YES NO XX 3. NAME OF Middle First Last Year DECEASED **FUNDER BURK** November 19 66 3 WILLIAM A. (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED lost birthdoy) 51 yrs. Months August 11, 1915 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Auditor **INDUSTRY** U.S.A. State of Maryland North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Curry William E. Funderburk 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service Mrs. Doris F. Funderburk, 328 King George Dr No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Multiple Traumatic Injuries. DUE TO Conditions, if any, which gove rise ta immediate couse (a). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Acute Ethylism. YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY ST or CONTRIBUTING Driver of auto which ran off roadway. CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.)
Street 11/3 1966 Lisbon Md. Howard of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 3. Inspection . and in my apinian death resulted fram: Natural causes Suicide | Hamicide [ Undetermined manner Accident |x | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11/4/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote)

Dorchester Memorial Park

Cambridge,

1966

2So. REC'D BY REGISTRAR

NOV 7

2Sb. REGISTPAR'S SIGNATURE

liarles

Maryland

VR A15ME (5) 6M 1/66

REMOVAL (Specify)

Burial

24. FUNERAL DIRECTOR

11-7-66

Howard H. Hubbard, 4107 Wilkens Avenue, 21229

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

IAIL	THE TOTAL ENGINEERS	10/140
DEPT.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
- £	o. COUNTY Howard MARYLAND	o. STATE Maryland b. COUNTY Howard
2 hours after death.	b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5	write RURAL and give nearest town) Ellicott City	Ellicott City /3./
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS   e. IS RESIDENCE
00	121 Turf Valley Rd.	121 Turf Valley Rd.   GN A FARM? YES NO
3.	. NAME OF First Middle	Lost 4. DATE Month Doy Year
	DECEASED (Type or print) PRISCILIA HART	GERNON OF November 5 1966
S.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
	Female White WIDOWED DIVORCED	9-19-1920 lott thdoy) Months Doys Hours Min.
	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
du	uring most of working life, even if retired)  At Home INDUSTRY	Fall River, Mass COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Gardiner Hart	Edith Coolridge
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) ((if yes give wor or dotes of service)	INFORMANT Address City
10	No I dikilowii) (ii yes give wor or dores or service)	Frank Gernon, 121 Turf Valley Rd. Ellicott
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyxia due to	carbon monoxide ONSET AND DEATH
	9731 DUE TO	
	Conditions, if ony, which gove inse to immediate couse (o), (b)	
	stoting the underlying couse DUE TO	
	last. (c)	
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
CERTIFICATION	OO CYTEDIAL CAUSE WAS	YES X NO
ERTE	200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐	. (Enter noture of injury in Port I or Port II of item 18.)
AL C	CAUSE OF DEATH.  Asphyxia by car  20c TIME OF INITIRY Month Day Year  20d INJURY OCCURRED  20e PL	bon monoxide from car exhaust  ACE OF INJURY (Home, form.   20f. (City or town) (County) (Stote)
MEDICAL	2 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PL	
2	p.m. of work of work	
	21. I certify that I taak charge af the remains described above, h	
	death resulted fram: Natural causes , Accident , Sui	icide X, Hamicide , Undetermined manner
	ACTUAL ( )	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE CHANS . Jagaly	M.D. ASSISTANT MEDICAL EXAMINER LA
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	DEPUTY MEDICAL EXAMINER 11-5-66 Address (Street, city, town, or county)
230	30 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
L	REMOVAL (Specify) Burial 11-8-1966 (St. Johns	Ellicott City, Md
1	24. FUNERAL DIRECTOR Supression STREETS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F	F.C. Higinbothom, Ellicott City, Md	DATE NOV 9 1966 Schooley Judge

APCG1 - DIAM OF HARME CARRY I THE del yeller have tell All wedded built dail 3 name, words file mar in the country of the country of

Carlot day Toper of L.

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and 2 death. death. the f after hours S filled within etely completely ve carbon event, executed and con 5 certificate attending principles of the state of the sta the attend 10 death cremation. requires that the by retained by the hospital or attending physician. PHYSICIAN:

papers. 172 hours within 72 nding physician a Then please re removal, and in been signed by the burial-transit or to burial, crems has been a s the l for use Health DIRECTOR: After this certificate age 3 should be detached for use led with the State Dept. of Health page

may director, page should be fill VR AI5 (4)

20M 1/65 CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Howard Howard MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Kesvil Years vkesvi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Route Route NOIC YES NAME OF Middle Last DATE Month Year 4. DECEASED (Type or print) Phyllis zabeth Gosnel DEATH 1966 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years LIFUNDER TYPAR IIF UNDER 24 HRS NEVER MARRIED last birthday) Months | Days Hours Whi te Female WIDOWED DIVORCED -31-1912 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Maryl and USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Edward Cavey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) Hugene INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE 2+ yrs. Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 9/Nov 21. I certify that (I) compared attended the deceased from 66 PM, from the causes and on the date stated above. Nov/66 saw the deceased alive or and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 3 9/Nov/66 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) #2. Sykesville. Maryland Lawson. wm. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Soecify) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 24. ADDRESS 25a. REC'D BY REGISTRAR

The state of the state of the second

**TD FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2/ should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

BETTER BUSINESS TORMS, INC. BALTIMO

	MARYLAND STATE DEPARTMENT OF HEALTI	H
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAN
15742	CERTIFICATE OF DEATH	15745

<b>発売を扱い</b>	CERTIFICATI	E OF DEATE		10749
Place of DEATH     COUNTY     Howard	MARYLAND	ATATE	CE (Where deceased lived, If institution b. COUNTY	,
b. CITY OR TOWN (if outside corporate write RURAL and give nearest town	ll yr ll mon.	Oxford	outside corporate limits, write	20.2
Patuxent Institutio	N (if not In hospital, give street address)	Box 52, So	uth Street	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF Fir DECEASED (Type or print) Charles	5.4	Last addaway	4. DATE Month OF DEATH November	r 22 19 66
male caucasian	WIDOWED DIVORCED	9-21-12	9. AGE (In years IF last pirthday) Mrs.	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work of during most of working life, even if retired caretaker	done 10b. KIND OF BUSINESS OR INDUSTRY		ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME  Julius Haddaway		14. MOTHER'S MAID	en Name	
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) Uffyes nive war or dates of yes 6/41 to 11/	sarvice)	INFORMANT  Norman G	rimes, 1159 Sara	timore, Md.
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the DUE	Atteriosclerotic C		ar Disease	5 minutes
7	ns contributing to death but not relaine			RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	(H JER) 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of I	tem 18.)
ZOC. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19		CE OF INJURY (Home, fa ry, street, office bldg., e		(County) (State)
	lovember 22 <sub>19</sub> 66, and that	death occurred at		, 1966, that (I) AAA last od on the date stated above.
22a. SIGNATURE  22c. PHYSICIAN'S	C. Sorongon M.D.	ATTENDING -		22b. DATE SIGNED 11-22-66
	C. Sorongon, M.D.	Patuxent	Institution, Je	essup, Md.
Prinoval (Specify) 11/26/	1966 23c. NAME OF CEMETERY	etenu	Oxford, Man	yland
24. FUNERAL DIRECTOR MAURICE E. NEWNAM	M & SON, Easton, Md.	2NO PEC	2 5 1966 yello	STRAR'S SIGNATURE

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		broke .mm	I sin I	quest	Lews
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-timbe	man (landon)	720 3420		at 11/27/11/6	iewi
		The state of the s		THE RESERVE THE PARTY OF THE PA	and the second second

1111 7 6 . A BUIL & SOL, Carton, IL.

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give page 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. 3 should be used as a burial-transit agent, prior to burial, cremation, or TO FUNERAL DIRECTOR: Page of Health or its designated Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EYAMINEDIS OF THE STATISTICAL RESEARCH AND RECORDS. 15740

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissio a. STATE b. COUNTY
Howard MARYLAND	Maryland Howard
b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
write RURAL and give nearest town) lifetime rural - Davton	minal Darton 131/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Howard Road	Howard Hoad YES ND
3. NAME OF First Cefus Middle	Last 4. DATE Month Day Year
	ohnson DEATH Nov 5 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HP   Iast birthday)   Months   Days   Hours   Mir
male white WIDOWED DIVORCED	10-16-289 74 yrs. Months Days Hours Mir
1Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY farm	Maryland Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alge <b>nn</b> on Johnson	Mary Elizabeth Grimsley
(Vas no or unknown) (If you nive way or dates of service)	INFORMANT Address
212-32-3514	Mrs. Leeola Johnson Same as #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac	failure instant.
4201	
Conditions, If any, which \ Coronary thron	mbosis instant.
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS
FARTH. OTHER SIGNIFICANT CONDITIONS CONTINUED THE TO DEATH BUT NOT RELA	PERFORMED?
ICA	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   2Df. (City or town) (County) (State) ry, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20d. Injury Occurred 20d. Injury Occurr	ry, street, omce blug., etc./
21. I certify that I took charge of the remains described above, hel	ld an Autopsy . Inspection x, Inquiry x, and in my opinion
death resulted from: Natural causes 🗷, Accident 🔲, Sui	
ACTUAL Cherles S. Whotakes, M. D.	CHIEF MEDICAL EXAMINER
	_M,D. ASSISTANT MEDICAL EXAMINER
Charles S. Whitaker, M.D.	DEPUTY MEDICAL EXAMINER 🔀 11-6-66
NAME (Type) Clarksville, Maryland	Address (Street, city, town, or county) Howard
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 11-9-66 Jennings Cha	Jenning s Chan el Howard Md.    250. REC'D BY REGISTRAR   250. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis H. Barber Laytonsville, Md.	DATE NOV 10 1966 RCharles Judge

VR A15ME 35D0 4-64

THE REAL OF CORNER CARD, PERSONNELS AND ADDRESS OF THE PERSONNELS

Live James Tolmann Same of 2

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A SECTION OF THE COLUMN ASSESSMENT ASSESSMEN

Sarini Ll-9-55 dequings Chapel

Francis A. Dornor Levenoville, Co.

John Lange Change Houses Hd.

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event within 72 hours after death land 2 with the State Department of

Health ar its designated agent, prior ta burial, crematian, or remaval, an

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS

	15744	Property of Statistical	MEDICAL EXAMINE			F DEAT	Н	15	74	7	
	PLACE OF DEATH				2. USUAL RESIDENCE (W	Vhere decease	ed lived, if instituti	on: Residen	ce befare	admissio	ın)
٠,	o. COUNTY HO	ward	MARYLA	ND	o. STATE Mar	yland	b. COUN	H	owar	d	
	b. CITY OR TOWN (	f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If out	tside corporot	e limits, write RUR	RAL ond give	nearest	town)	
	On	e Spot			Jes	ssup			13	. /	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	aspitol, give street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?		
	U.S. Rte	. 1, S. of 17.	5		Box 255,	Cedar	Avenue		YES NO		
3.	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mont		Day	Yeo	ar
$\overline{}$	(Type or print)	HEZEIK	IAH		KENNEDY	DEATH	Novembe		16		66
	SEX		MARRIED NEVER MARRIED		B. DATE OF BIRTH		AGE (In years	Months	YEAR Days	IF UNDER	Min.
_	Male		IDOWED DIVORCED		March 13, 1		10st (sirthday) 54 yrs.				111111
dut	usual occupation ing most of working Machiner	l (Give kind of work done life, even if retired) Operator	Sand & Gravel	Co.	11. BIRTHPLACE (Stote		* *		IZEN OF	WHAT	
	. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
	Jame	es F. Kennedy			Lucy F.	Colvi	.n				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dotes af servi	16. SOCIAL SECURITY NO.	17.	NFORMANT		Addre	ss			
11	No	(in yes give war ar dores ar servi	723-18-7869	Mr	s. Rose Ken	nedy,	Same as	#2			
		EATH (Enter only one cause per	r line for (a), (b), and (c).)						INTERVAL BETWEEN		
	PART I. DEA	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Multiple Traumatic Injuries.								ONSET AND DEATH	
	Gooditions if any which gove										
	(b) (b) (canditions, if any, which gove a rise to immediate cause (a), (b) (canditions)										
	stating the under	7 3									
	last.	) (c)	DUTING TO DEATH BUT NOT DELATE	0.70.7	THE TENNING DISTANCE COM	DITION ONE	1 1N DARK 2/ 3		19.	AZAC ALITZ	DDCV
ATION	PARI II. UIHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATE	ו טו ט	HE TERMINAL DISEASE CON	DITION GIVE	IN PART I(0)			WAS AUTO PERFORM	NO D
THE	20a. EXTERNAL CA		20b. DESCRIBE HOW INJURY OCCU	RRED.	(Enter nature of injury in F	Part I or Part	II of item 1B.)				
L CE	CAUSE OF DEATH.	WIKIDOTINO L	Pedestrian st	ruc	k by auto.						
MEDICAL CERTIFICATION	20c. TIME OF INJU Hour &	JRY Manth, Doy, Year K 11/16 19 66	Milette New Milette	le. PLAC facto	TE OF INJURY (Hame, farm, prystreet, office bldg., etc.) Street		(City or town) e Spot	(Cou Ho	<sup>inty)</sup> ward	,	State) Md.
	21. I certif	y that I took charge of	the remains described above	/e, he	ld on Autopsy 🔀	Inspectio	n , Inqu	iry ,	ond	in my	opinion
	deoth result		/		ide , Homicide	Un Un	determined m				
	CHIEF MEDICAL EXAMINER										
	SIGNATURE Charles & Teely M.D. ASSISTANT MEDICAL EXAMINER X								22. DATE SIGNED		
	EXAMINER'S NAME (Type)	Charles S. P	etty		DEPUTY MEDICAL Address (Street,				1	1/17	/66
230	BURIAL, CREMATIC	DN, 23b. DATE THEREOF	23c. NAME OF CEMETER			23d. LOC	ATION (City or Tov	wn)	(County)	(5	tate)
	REMOVAL (Specify BURTAT	Nov.20,19		у С			oshen, V				
24 I	4. FUNERAL DIRECTO	R	ADDRESS h.Blvd.,Laurel,	Ma	2So. REC'D	OV 2		gistrar's si	GNATURI	Que	40
_	0.	wade, JJO Was	H. DIVG., Laurel,	Mar	yland DATE		1900	1	. 00	1	1

VR A15ME (5) 6M 1/66

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Pages 1 and

After this certificate has been signed by the attending physician ond campletely filled in ached far use as the buriol-transit permit. Then please remove carbon popers. Pages 1 on

Then please remove carbon popers.

the registrar prior to burial, cremation, or remaval, ond in any event within 72 hours

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No.

15748

o. COUNTY Howar	d		MARYLAND	o. STATE b. COUNTY							
RURAL ond give	(If outside corporate lim nearest town) ott City	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  Baltimore						
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol,	give street	oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
Schaeffer				522 Edgewood St. YES □ NO							
3. NAME OF DECEASED (Type or print)	Maria	rst	Middle	Mag	lost Zen <b>ti</b>	4. DATE OF DEATH	Nov .		Da	,	Year 19 66
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED		Teb. 2, 188	35	9. AGE (In years lost birthdoy) 81 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT during most of we Housew	orking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote		ountry)	12.CIT	USA		OUNTRY?
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
7.0		Rid	olfi		Unk						
1S. WAS DECEASED ET (Yes, no. or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dates of		1	MFOI 910	Mario Magg Brookdale	genti Rd.	Add	ress			
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	Ars	knoschoope		vlan ol			51	1/6	Dy	lan
PART II. O	THER SIGNIFICANT COM	IDITIONS	CONTRIBUTING TO DEATH BU	T NO	RELATED TO THE TERM	MNAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY ORMED?
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter noture of injury in	Port 1 or Por	rt II of item 18.)				
Hour o. m	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o										
21. I certify olive on	that I attended the	196	Herbert	h oc	, 196/, to curred at 5:35P	ADDRESS (S	the couses or	stote)	e dote	stoted DAT	
NAME (Type)	Thomas F	Her	bert		44Church F	Rd I	Ellicott	City	, Mo	d.	
220. BURIAL, CREMAT REMOVAL (Specif Burial	10N, 22b. DATE THERE		Mt. Olive				TION (City, town,		Wash	(Stot	
23. FUNERAL DIRECTO	P D _/.101 F	dmond	ADDRESS		24a. REC	D BY REGIS		STRAR'S SI	GNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs page 3 shauld be det moy be retained to TO FUNERAL DIREC VS A1S (4) 1SM 9/SB

and Phase Certry various outhin Medicar Coule Vades - Vacana O France 10 coras DECEMBER 1 Topics 1 Contract 1 Co 1-22-56 a M. oliver Cun. September Of a September of the September of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH and funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY MARYLAND Pages oon papers. Pages within 72 hours aft b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town q 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled YES NO DA NAME OF remave carbon DATE Lost Month Year Doy campletely DECEASED event, (Type or print) DEATH 196 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH AGE h yeors IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs Hours in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & Stote, or foreign country) please during most of working life; even if retired) INDUSTRY COUNTRY? physician pu 13. FATHER'S NAME ava MOTHER'S MAIDEN NAME attending phys signed by the attending burial-transit permit. The burial, cremation, ar rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO far use as the I Health priar tak stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO m 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) be detached for State Dept. af H and mivred let. m o 20e. PLACE OF INJURY (Home, form, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Gity or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While While 1000 of work ot work pe 21. I certify that (I) (this haspital) attended the deceased from directar, page 3 shauld shauld be filed with the and that death accurred at deceased alive an M, fram causes and an the date stated above 22o. SIGNATUK 22b. DATE SUSNED ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 6 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) EUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charley

within 24 haurs after death law requires that the death certificate be executed physician. be retained by the haspital ar attending PHYSICIAN: The ATTENDING Page 4 may

VR A15 (4) 20 M 1/66

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OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY oward MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HOSPITAL OR INSTITUTION (if not in hosp NAME OF Middle DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired 400se wite 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17 INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carcinoma of DUF TO Conditions, il eny, which geve rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, ) 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. to 11 - 2.7 , 19 (c that (1) (we) last 22e. SIGNATURE PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S

O FUNERAL director, page 3 be filed with th OL VR A15 (4)

ECTOR:

funeral

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and

physician

attending |

Then please I

24 FUNERAL

23e. BURIAL, CREMATION.

23c. NAME OF CEMETERY OR CREMATORY

e. IS RESIDENCE ON A FARM? YES NO S

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (State)

IF UNDER 24 HRS

DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15748

CERTIFICATE OF DEATH

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VI		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dec	eased lived, if inst	itutian: Resid	ence befar	e odmissio	IDENCE FARM? NO X
/	o. COUNTY			MA	d. STATE Baltimore								
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		write RURAL an	d give nearest tawn)										
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		DECEASED (Type or print)	Ethel	V.		Smi	nk	OF DEA	TH Nover	nher	3	19	66
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		B. DATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UNDER	24 HRS
	l T	emale	White	WIDOWED [	DIVOR	ED 🗍	3-9-1875		lost birthday 91 yrs		Oays	Hours	Min.
	10a	. USUAL OCCUPATIO	N (Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (County	& State, or	/- !		CITIZEN OF	WHAT	
	duri	ing most of working	life, even if retired)	IND	USTRY						OUNTRY?		
		FATHER'S NAME					Baltimor		ounty	1.0	SA		
			iderman	1 22 24		1 12 1	Unknown						
			ER IN U.S. ARMED FORCES? (If yes give war or dates o	of service)	OCIAL SECURITY NO.		NFORMANT			dress	D	3	
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		PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT R	FLATED TO 1	HE TERMINAL DISEASE COM	DITION G	IVEN IN PART 1(a)		19.	WAS AUTO	OPSY
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	ERTI	OR CONTRIBUTING	CAUSE OF DEATH	205. DE30	LKIDE HOW INJUKT	OCCURRED.	(citter flatore at infary in	railioi	ron ii oi nem ia.,				
			MEDICAL EXAMINER)	1001 1011	HDV OCCUPATE		5 00 WWW (II	1 001					C
	MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Day, Yeor m.	While	URY OCCURRED Not While		E OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(City or town	(1	(ytnua	(	State)
	W	p.	m. 19	at wark	at wark L								
		21. I cert	ify that (I) (this has	pital) attende	ed the decease	d fram 🖊	nax, 1	950	, to NOU	3_,19	Lee, th	at (I) (	wett
/		saw the	oceased alive an	V643	1960	, and tha	death accurred at	10:30	Maram caus	es and on	the dat	e stated	abo
		200 SIGNATURE	ans and &	1	10		ATTENDING 1	MEO.	STAFF		DATE SIGN		
		1000	much C.	Mille	ell	J.M	). PHYS.	DIRECTOR	PHYS.		1-4	46	
		22c. PHYSICIAN'S	THOMAS	E 111	NEELE	-0	22d. ADDRESS	1/17	man	2 -1	Ral	800 5	m
1		NAME (TYPE	1 HUINAS	12:001	THELL	~	200/ 6	NI	11/19/2 1	0 -1	1112	01	// #
	230	. BURIAL, CREMATI	ON, 23b. DATE THI	EREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d.	LOCATION (City or	Town)	(County)	) (S	tate)
		Burial (Specify	11-7-6	6	Lorrain	ne Ce	metery	Ba	altimore	Mary	rland		
0	24	FUNERAL DIRECTO	OR A (/)	1	ADDRESS		2So. REC'E	BY REGI	STRAR 2Sb.	REGISTRAR'S	SIGNATUR	RE	
1	(5	1/1/2015	DV VIAVIS	#600 L	iberty F	Ights.	Ave DATE	INV .	7. 1966	mi		0	
	1 6	V V / ILA /	LIA B N/J/R / T/)	/	,	_	I DAIL 1	m b. J. W	1 1900	141 4 4	F -	1.0	

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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r death Tand ar death	V		LACE OF DEATH COUNTY	1		0. \$	TATE (Where	deceased lived, if institut b. COUI		e admission)
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by the Particular			write RURAL and give neares	45			Jessu	b	13,	/ DECIDENCE
within 24 hours after lely filled in by the fu ban papers. Pages 1 , within 72 hours after	0	C	. NAME OF HOSPITAL OR INSTITUTE BOLL 45 A	TION (to not in hospito	al, give street address)	d. SIR	EET/ADDRESS	Quella	1101	e. IS RESIDENCE ON A FARM? YES NO
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h and se rem			USUAL OCCUPATION (Give kind of gmost of working life, even if re	wark dane 10b.	. KIND OF BUSINESS OR INDUSTRY		RTHPLACE (County & Sta	te, or fareign cauntry)	12. CITIZEN OI COUNTRY?	
physician en prese	-	13.	FATHER'S NAME	<u> </u>	allan m	14. MQ	OTHER'S MAIDEN NAME	Maria		0 3 4
h ce Th	+	1S.	WAS DECFASED EVER IN U.S. ARM, no, or whiknawn) [(If yes give w	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMA	Mary INT	Hannel	ess O	5
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that th an. by the ransit cremati			1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY	ronekop	neu mo	nia		3	ISET AND DEATH
physiciar physiciar signed b burial-tre burial, cr			502.0 Conditions, if ony, which gove		Kronie	Bron	chitis		10	yus -
ing phi ing phi sen sig			rise to immediate couse (o), stating the underlying cause last.	DUE TO	- 124 1181	2 804 6.			15	sen.
ttend as be as be as 1 prial		2	PART II. OTHER SIGNIFICANT CO		IG TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
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spital spital sertification and fall to a filter traffic traff.			200. ACC DENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAL	DEATH	DESCRIBE HOW INJURY O	CCURRED. (Enter no	fure of injury in Port I	or Part II at Item IB.)		
IG PHYSIC the haspi r this certi detached ite Dept. a		MEDICAL	20c. TIME OF INJURY Manth, I Hour a.m. p.m.	W	I. INJURY OCCURRED hile Nat While wark at work		JURY (Home, farm, t, affice bldg., etc.)	20f. (City ar tawn)	(County)	(State)
ENDIN ned by R: After old be the Sta			21. I certify that (I) saw the deceased al			fram_///2 and that death	accurred at	, ta 1/29 M, fram causes	and an the dat	nat (I) ( <u>we</u> ) la te stated abav
RECTO 3 sha			220. SIGNATURE	Manso	111	M.D. PHY	ENDING MED	CTOR STAFF PHYS.	22b. DATE SIGN	IED
may be RAL DIR page 3 be filed	1		22c. PHYSCIAN'S NUME (Type)	n Waxx	len		d. ADDRESS A C	REL	Md-	
ro Hospital Page 4 may o FUNERAL director, pa shauld be fi	1	230.	BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE THEREOF	23c. NAME OF CEMI	ETERY OR CREMATO	DRY 30	23d. LOCATION (Gry or To	wn) (County	(State)
	1	24.	FUNERAL DIRECTOR	1/2/64	ADDRESS	and of	2Sa. REC'D BY	- 1000	GISTRAL'S SIGNATU	RE O
VR A15 (4) 20 M 1/66	3	1	le Witt ()	analda	in Laur	rel mo	DATE UE	3 1966	Harrenton	Judge

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# MARYLAND STATE DEPARTMENT OF HEALTH

	MARIEAND STATE DELARTMENT OF HEALTH	
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE 1, MARYLAND</b>
16750	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,  CERTIFICATE OF DEATH	15753

10/10	U	CERTIFICAT	E OF DEATH		0755
1. PLACE OF DEA	TH			E (Where deceased lived, If Institution: Re	esidence before admission)
Howar	d	MARYLAND	a. STATE	b. county Howard	
	DWN (If outside corporate links and give nearest town)			outside corporate limits, write RURAL	end give nearest town)
	cott City		E	llicott City	13.1
		f not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
338 0	olumbia Pike		3:	38 Columbia Pike	YES NO X
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print	. Table of the second deligence and			DEATH NOV. 12, 1966	19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years   IF UNDER   Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Female		VIDOWED DIVORCED	Aug.2,1897	09 yrs.	
10a. USUAL OCCUP during most of wo	ATION (Give kind of work done rking life, even if retired)	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country)   12. CI	TIZEN OF WHAT
At F	Iome			t City, Md	
13. FATHER'S NA	ME		14. MOTHER'S MAID	EN NAME	
	rawford Moxle			Elizabeth Webb	
	DEVER INU.S. ARMED FORCE	vice)	INFDRMANT	Address	
NO		? Ro	ger H. Titts	worth, Ellicott City	, Md
		nuse per line for (a), (b), and (c).]	0		INTERVAL BETWEEN ONSET AND DEATH
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	CARDW RES	YIRATOR	Y ARREST.	ONSET AND DEATH
170 X	DUE TO				
	f any, which ) (b)_	CARCINON	NH 1021	5 -	2 Mo.
	o Immediate OUE TO	CARCINON	0 0	reost.	H WAS
underlying ca	use last. (c)_				-1 110.
PART II. OTHE 20a. ACCIDEN OR CONTRIBL (IF EITHER, N	RSIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA			19. WAS AUTOPSY PERFORMED?
ICA		Diabetes N	vellit c	15'	YES NO
20a. ACCIDEN	IT WAS UNDERLYING	20b. OESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Pert   or Part    of Item 18.	)
	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
	F INJURY Month, Day, Year	facks	CE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town) (Cou	nty) (State)
Hour :	a.m. p.m. 19	While Not While at work	77,00,000,000,000,000,000,000,000		
21. I cer	Ify that (I) (this hospital	l) attended the deceased from	, 19	967 to 11-12, 196	that (I) (we) last
saw the o	deceased alive on 11-	9 19 66, and that	t death occurred at	to 12, 1962 M, from the causes and on the	ne date stated above.
22a. SIGNAT	RE			MED STAFF 22b. Di	ATE SIGNED
I V.	etu Vitro	M.C	D. PHYS.	DIRECTOR PHYS.	
22c. PHYSIC NAME	IAN'S (Type)	STATE OF STATE OF STATE OF	22d. ADDRESS		
DIPLO CO	THATION I OOK DATE THE	DEAG   1920 NAME OF ACASTERS	V OD ADEMATORY	1 224 LOCATION (City town or con	inty) (State)
23a. BURIAL, CRI REMOVAL (S	EMATION, 23b. DATE THEF Specify)	Salar Sa	T OR CREMATURY	23d. LOCATION (City, town or cou	
Buria 3	11-15-1	966 St. Johns	\ 25a. REC	Filicott City Md	S SIGNATURE
	70119	regulation	DATE NOV	14 1966 Jelianle	
L. O. UTAIL	bothom, Ellico	th City, Ma.	DATE	14 1000 1	Judge.

PETER PROPERTY TEGORY OF A MINOR MENTON

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